

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S): \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.											
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TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	26					
TOTAL DEP.	6					
TOTAL CLAIMS	32					

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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